

# SDQ Record Sheet

Name ..... Age ..... Male/Female Clinic/Study Number .....

SDQ completed by: PARENT on .....

TEACHER on .....

SELF on .....

Scale		Normal	Borderline	Abnormal
<b>Total difficulties</b>	P	0 1 2 3 4 5 6 7 8 9 10 11 12 13	14 15 16	17 18 19 20 21 22 23 24 25 .... 40
	T	0 1 2 3 4 5 6 7 8 9 10 11	12 13 14 15	16 17 18 19 20 21 22 23 24 .... 40
	S	0 2 4 6 8 10 11 12 13 14 15	16 17 18 19	20 21 22 23 24 25 26 ... 40
<b>Emotional sympt.</b>	P	0 1 2 3	4	5 6 7 8 9 10
	T	0 1 2 3 4	5	6 7 8 9 10
	S	0 1 2 3 4 5	6	7 8 9 10
<b>Conduct problems</b>	P	0 1 2	3	4 5 6 7 8 9 10
	T	0 1 2	3	4 5 6 7 8 9 10
	S	0 1 2 3	4	5 6 7 8 9 10
<b>Hyperactivity</b>	P	0 1 2 3 4 5	6	7 8 9 10
	T	0 1 2 3 4 5	6	7 8 9 10
	S	0 1 2 3 4 5	6	7 8 9 10
<b>Peer problems</b>	P	0 1 2	3	4 5 6 7 8 9 10
	T	0 1 2 3	4	5 6 7 8 9 10
	S	0 1 2 3	4 5	6 7 8 9 10
<b>Prosocial behav.</b>	P	10 9 8 7 6	5	4 3 2 1 0
	T	10 9 8 7 6	5	4 3 2 1 0
	S	10 9 8 7 6	5	4 3 2 1 0